

# Somerset Redstone Trust

# St John's Court

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection was undertaken on 7 and 8 November 2016 and was unannounced.

The provider of St John's Nursing Home is registered to provide accommodation and nursing care for up to 42 people who have nursing needs. At the time of this inspection 38 people lived at the home. Bedrooms, bathrooms and toilets are situated over two floors with stairs and passenger lift access to the first floor. People have use of communal areas including lounges, conservatory and dining room.

There was a registered manager in post who was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management and staff team understood what was important to people who lived at the home and worked closely with each other and with families to ensure each person had the best life as possible. People played an active part in the running and development of the home. New ideas were made possible by a motivated management and staff team which enhanced people's quality of life and provided therapeutic benefit to people.

People were supported to retain an active presence in the local community and to maintain their personal interests and hobbies. An activities team alongside care staff all worked together to organise a rich programme, whereby people were offered different things to do for fun and interest for those who wished to participated. People had opportunities to meet and develop relationships with students and volunteers to widen their social networks.

There was a warm, homely atmosphere and staff cared for people with kindness, patience and understanding. Staff had time to meet people's needs and to spend time in conversations with people individually, without rushing. Staff were proud of their achievements in providing end of life care in a personalised way and often being 'on call' in their own time to meet people's choices. Staff held high values about striving in their caring roles to help people to experience a good death free of pain and in comfort. Families and friends were offered after death care and a way of celebrating and sharing their memories of people's lives each year with a tree which held people's thoughts and balloons.

There was a sense this was people's home and they were proud of their home. People were supported to actively use their skills and interests in the decoration of the different spaces within their home environment which included the garden spaces and creation of a pub.

Food and drink were provided to a high standard and people could choose what to eat and drink and when. People who lived at the home and their relatives could voice their views and opinions. The registered

manager listened to what people had to say and took action to resolve any issues. The management team reviewed incidents and concerns to look for opportunities to improve policies and practices for the future. There were systems in place for handling and resolving complaints which focused upon opportunities for learning lessons.

People who lived at the home and all staff were actively encouraged to contribute to the evaluation of the care and support provided and the recommendations for improvement. The management team and staff worked together as a team with a passion to learn about and aim for best practice with people very much at the heart of the services they received in their home.

The management team and staff shared common values about the aims and objectives of the service people were provided. These were based around people being supported to live the best lives as possible. Regular quality audits and checks were completed so improvements were continually recognised and there was effective follow up action which made sure people received a high quality service.

People were supported to make safe choices in relation to taking risks in their day to day lives which helped people to maintain their own levels of independence. This was because staff made sure people had the equipment and aids they required to meet their needs. Staff had been trained and understood how to support people in a way which protected them from harm and abuse.

There was a stable team of staff and agency staff were not used due to the willingness of the management and staff team to fill any gaps in the staff rota if these should occur. There were sufficient staff with the right skills which included nurses to safely support people who lived at the home. The management team monitored staffing levels and made sure the right numbers of staff were made available so people's needs were met and helped them remain as safe as possible. The management team had completed checks on staff prior to them starting to work to make sure they were suitable to work with people in their homes.

Staff received regular training which provided them with the knowledge and skills to meet people's needs in an effective, responsive and personalised way. The management team supported staff to gain additional knowledge within their various champion roles to promote a greater awareness and understanding of the diverse needs of people who they provided care and support to. Staff had used their knowledge in practice on many occasions to support people in gaining the additional equipment, aids and specialist advice which had a significant impact on enhancing people's wellbeing.

Staff had developed strong relationships with local healthcare services so people received any specialist support required. People were involved in saying what their preferences were for to meet their health needs and receive any medicines they were prescribed, and were happy with the support staff provided. There were arrangements in place to make sure staff were trained and competent in medicine administration. This meant people were supported to take their medicines at the right time and in the right way to meet their differing health and wellbeing needs.

People who lived at the home and their relatives were closely involved in planning and reviewing the care and support they received. Staff listened to people and had a detailed understanding of their needs and preferences. Staff understood the issues involved in supporting people who had lost capacity to make some decisions and made sure their caring practices were the least restrictive as possible when meeting people's needs.

The management team and staff shared common values about the aims and objectives of the service people were provided. These were based around people being supported to live the best lives as possible.

Regular quality audits and checks were completed so improvements were continually recognised and there was effective follow up action which made sure people received a high quality service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood how to recognise and report any concerns they had about people's safety or wellbeing.

People were helped to manage risks to promote their independence while reducing the risk of avoidable accidents.

There were enough staff on duty to give people the individual support they needed.

Staff had received training to make sure people had their medicine when they needed it.

### Is the service effective?

Good ●

The service was very effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

Staff worked very well with local healthcare services and people had prompt access to any specialist support they needed.

People were supported to make their own decisions wherever possible and staff had an understanding of how to support people who lacked the capacity to make some decisions for themselves.

Food and drink were provided to support people to remain healthy and well.

### Is the service caring?

Outstanding ☆

The service was very caring.

People had developed positive relationships with staff and described the care they received as outstanding and staff knew how to communicate with them so they were kept at the heart of the care they received.

Staff know people as individuals and supported them to have as much choice and control over their lives as possible.

Care and support were provided in a warm and patient way which took account of each person's personal needs and preferences.

Staff went above and beyond to make sure people received end of life care which focused upon people having a 'good death' which was pain free and they were kept comfortable.

People's privacy and dignity were respected and promoted by management and staff who were highly committed to providing support in a caring and compassionate way.

### Is the service responsive?

Outstanding 

The service was very responsive.

People received personalised care which met their needs in they wanted and was responsive to people's changing needs.

The management and staff team's new ideas in developing staff champions to share knowledge provided therapeutic benefit when responding to people's diverse needs.

Staff all worked together to plan and organise a rich programme of fun and interesting things for those who wished to participate.

The management and staff team invited the local community into the home to provide people with added interests and to develop new relationships.

People were encouraged to raise any complaints or concerns and were given opportunities to do so.

### Is the service well-led?

Outstanding 

The service was well-led.

People were very happy with the care they received and had numerous opportunities to play active roles in the running and development of the care and support services offered.

Staff were proud of their achievements and shared common values in wanting to establish new ideas they gained to support people in having the best lives as possible.

The registered manager sustained a vision and values which kept

people at the heart of the services provided and made sure these underpinned staff practices.

A culture of continuous improvement with quality checks was in place to promote further enhancement of the services people were provided at their home.

# St John's Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit was unannounced and took place on 7 and 8 November 2016 by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

We asked the local authority and the Clinical Commissioning Group [CCG] if they had any information to share with us about the services provided at the agency. The local authority and CCG are responsible for monitoring the quality and funding for people who use the service. Additionally, we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spent time with people who lived at the home at different parts of their day and saw how staff provided care for people to help us better understand their experiences of the care they received.

We spoke with six people who lived in the home and six relatives. A further three relatives, the doctor and person who was working with staff about a particular programme, wrote to us in order to provide their views about the care and support provided. We also spoke with the registered manager, deputy manager and twelve staff members which included, care staff, training co-ordinator, activities co-ordinator, a member of the housekeeping team and the cook.

We looked at a range of documents and written records including sampling three people's care records, medicine administration charts, meetings held with people, two staff recruitment files and training records.



We also looked at information about the arrangements for managing complaints and other records relevant to the monitoring the quality of the service provided.

# Is the service safe?

## Our findings

People we spoke with were confident about how they were reassured by staff's abilities to keep them safe. People consistently told us they felt safe because of the care staff provided. One person told us, "Staff reassure me when if I worry about anything" and make sure, "I have everything I need so I am both safe and comfortable." Another person said, "Absolutely safe and comfortable, they (staff) are truly very kind to me." Relatives were also positive in their views about their family member's safety and felt reassured when leaving the home. A relative commented, "I never worry when I leave the home as I am so reassured by [the registered manager's name] and her staff to keep [person's name] safe." Another relative said, "[Person's name] is absolutely safe here."

Staff had completed training in how to keep people safe and staff said they had been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this so people felt safe. For example staff said they would observe changes in people's behaviour or signs of emotional distress which could indicate people were at risk of harm. Staff were confident people were treated with kindness and said they would immediately report any concerns to the management team. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved. This information was also displayed to provide people who lived at the home and visitors with contact details should they need these.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being assisted to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. An example of this was some people agreeing to have bedrails so they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames, raised toilet seats and wheelchairs. Additionally, we noted suitable arrangements had been made to support people to safely and quickly leave the building in the event of an emergency, such as a fire.

Staff we spoke with were able to provide examples of how they assessed and balanced the risks associated with what people wanted to achieve in their lives. For example, staff told us how people were assessed for electric wheelchairs if they required these to support people in keeping safe as well as maintaining their own levels of independence.

Staff understood how to report accidents and incidents and knew the importance of following the procedures in place to help reduce risks to people. We saw the registered manager had analysed each accident and incident which had involved people who lived at the home, so practical steps could then be taken to help prevent them from happening again. An example of this involved people being referred to the doctor and other specialists after they had experienced a number of falls. This had supported staff to receive expert advice about how best to assist people concerned so it was less likely that they would experience falls in the future.

People we spoke with did not have any concerns about the availability of staff. One person told us, "When I need staff they are here immediately, I never have to wait which is what I need when I need a little bit of help to use the toilet." Another person showed us their call alarm and how they would use this if they needed staff urgently. The person said, "Staff are always around and very helpful if you need them for anything, even the manager who is very safety conscious."

Staff told us they felt there were sufficient staff to care for people in the way people needed and at times they preferred. Additionally, the registered manager told us in the Provider Information Request [PIR] they did not use agency staff which supported people to have continuity of care from staff who were familiar to them. We heard consistently from people who lived at the home how they valued receiving care and support from staff who they knew well. We saw people's needs were met in a timely way to ensure their safety and wellbeing was not compromised. One example was when a person's emergency call alarm sounded; we saw staff immediately responded including the registered manager. Another example was how staff at all levels had time to spend time with people without rushing. The registered manager regularly assessed and reviewed staffing levels to assure themselves of people's safety and wellbeing.

The registered manager confirmed the provider's recruitment arrangements in the PIR, 'We gain two references including one from the most recent employer' and Disclosure and barring Service [DBS checks] were completed. The DBS is a national agency that keeps records of criminal convictions. We found this was the case and staff had not started working with people who lived at the home until their suitability to do so had been established through these recruitment checks. We asked staff about their experiences of being recruited into their various roles. One staff member confirmed, "Before I started here my suitability to work with residents who live here was checked." Another staff member said nurse's registration was also checked to confirm they were safe to provide nursing care to people.

People we spoke with confirmed they received their medicines when they needed them. One person said, "They help me every day with my tablets, I have some in the morning and at night." Another person told us they only needed to, "Press this (pointing to call alarm) and they (staff) would bring me pain relief if I had a headache or something."

We looked at the arrangements for the storage, administration and disposal of people's medicines. We saw there was a sufficient supply of medicines and they were stored securely. The registered manager told us all staff who administered medicines had been trained to do so. This was confirmed by staff we spoke with. We saw staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times. Staff showed us they understood the circumstances about when to give people their medicines to meet their needs. For example, when people were in pain and or needed their medicines for their emotional wellbeing. Staff told us people's medicines were reviewed in consultation with their doctor to make sure these continued to be effective. We saw where people's medicines needed to be adjusted, action had been taken so risks to people's wellbeing continued to be reduced.

## Is the service effective?

### Our findings

People told us staff were skilled in meeting their needs. One person said, "They care for us well. I couldn't wish for better." Another person told us, "The staff are good and they know exactly what care I need, so their training must have worked well. A relative told us, "The care is really good here. They (staff) always make sure she is comfortable and use the right equipment." Another relative said, "We are over the moon. They (staff) have helped [person's name] with their drinking." Another relative's comments read, 'From the management through nursing and care staff I have always been impressed by the quality of nursing and care he has received.'

New members of staff received a very detailed induction which set out the provider's 'care philosophy and values' as well as key policies and procedures. New staff members worked alongside more experienced staff before starting to work as a full member of the team. A staff member told us, "Even after my induction was completed; I was encouraged to ask if there was anything I was unsure of or needed help with."

The registered manager had embraced the new national care certificate which sets out common induction standards for social care staff. They told us in the PIR all new staff, 'Are supported with an in depth induction programme which also includes completion of the care certificate, elements of the care certificate will also be completed with current members of the team.' A staff member who had responsibility for training as part of their role was passionate about training to support staff in reaching their full potential. This included adopting creative ways when supporting staff to complete the care certificate as they had measures in place which recognised staff's confidence grew and their caring practices developed over a period of time.

The registered manager maintained a detailed record of the training needs of each staff member. Many staff had completed, or were studying for nationally recognised qualifications. Staff told us this was something the registered manager actively encouraged. For example, we received written comments from one staff member which read, 'When [registered manager's name] started I was a carer, she supported me to do my NVQ levels 2 and 3, and continues to with my level 5. I have recently started college part time to start the first steps in my nurse training.' Another staff member said, "[Registered manager's name] is a really good manager who encouraged me to do additional qualifications as she believed in me."

Staff we spoke with were passionate about the opportunities which had been developed to meet the individual needs of people who lived at the home and provide better care. This included the champion roles staff had which were linked to various subjects, such as falls prevention, Parkinson Disease, dementia, the Mental Capacity Act and Deprivation of Liberty and end of life care. Staff told us the registered manager supported them to attend conferences and additional training around their champion roles so they were able to provide and share knowledge with all the staff team. We saw the champion roles and the additional knowledge staff had obtained was effective in meeting people's needs. For instance, one member of staff told us about their champion role in their particular interest, end-of-life care and had been supported by the registered manager to attend training events and conferences. The staff member explained how these opportunities had supported them to provide better end of life care and support to people and their families.

Additionally, we saw examples of how staff put their knowledge into practice during the day of our inspection. One example was how a staff member made sure a person had their specific medicine when they noticed the person's oxygen levels were a little low so the person's needs were effectively met. Another example was provided to us by a doctor who visited people at the home who told us they had no concerns about staff's practices in making sure people's skin was cared for to help it to remain healthy.

Staff were provided with regular one to one meetings and support. One staff member said, "I feel very supported in my job. I get a chance to say how I feel and feedback about my practice which is very important." Another staff member told us, "There is always something we can do to improve and in supervision meetings I feel I have great support to be able to give the best care." Shift handover meetings, a communications noticeboard, written notes and regular staff meetings were used to ensure staff kept up to date with changes in people's care needs and any important events.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA and saw they sought people's consent before assisting or supporting them. One person told us, "I do what I want and staff always ask if I'm happy for them to support me." Staff had received training and updates in relation to the MCA and DoLS and there was a staff member who held a champion role who not only supported staff but people who lived at the home and relatives in developing their knowledge in this subject area. A relative we spoke with showed they had benefitted from this and the registered manager's established practices of making sure everyone had an understanding of MCA and DoLS to assist people in knowing their rights.

Staff we spoke with were able to show they had a good understanding of the need to consider people's ability to give consent. One staff member told us, "We always encourage and support people to make choices about their everyday lives." We saw people's care plans took capacity into account so staff knew how to support people who were unable to give consent. The registered manager told us in the PIR, 'All residents who need to have been referred for a DoLS assessment have been, some have been granted and others are still awaiting assessment.' At the time of our inspection we saw the registered manager had arrangements in place to make sure all assessments had been followed up with the local authority. Additionally, we found staff were fully aware of whose liberty was restricted and we saw staff practiced in a way, which was least restrictive when any decisions people made jeopardised their safety.

People told us they enjoyed the food and drink provided in the home. One person told us, "The food is good and if you don't like it they'll get something else." Another person said, "There is always plenty of good food to eat and drinks are plentiful." People told us staff brought round the lunch menu to which assisted them to make their choice. However, if people didn't want either of the two main options the cook was happy to prepare alternatives. We saw people had access to fresh fruit in bowls so they were able to choose and help themselves.

We saw people eating lunch and snacks and people were supported and/or assisted to eat when this was required to meet their needs. The cook told us people could have whatever they wanted for breakfast. Kitchen staff had information about people's nutritional needs, likes and dislikes and used this information

when preparing food and drink for people. For example, the cook knew who needed to have their food pureed, and hot and cold drinks were offered throughout the day to combat the risk of dehydration. The cook was also aware of the particular needs of people with diabetes and allergies.

People we spoke with told us they were supported with their health needs. One person told us, "They (staff) will call a doctor if I ever was taken ill." Another person told us the doctor visited the home regularly and staff would arrange for them to see the doctor if they wanted to. People told us if they needed an optician or a chiropodist this was arranged for them. Relatives confirmed this as they were appreciative of how staff supported their family member's with their health and wellbeing needs. A relative told us, "I have no worries about how [person's name] health is reviewed by the staff and I am very reassured by staff who I know would get the doctor or call for an ambulance if this was needed without any delay." We saw established staff practices where they shared changes in people's health needs daily which included the shift handover meetings where they discussed any follow up health treatments for people and/or where the doctor needed to be consulted. For example, staff were arranging for a person's urine to be tested so the doctor could prescribe any treatment the person may require.

## Is the service caring?

### Our findings

People who lived at the home, relatives and professionals praised the registered manager and staff team and told us about the excellent care provided at the home. One person told us, "They (staff) certainly know how to care and they do it so wonderfully, I live in the best home in town." Another person said, "The care I get is excellent in every way, they (staff) are kind to me and nothing is too much trouble." One relative commented, 'Overall we felt mom was being cared for in a loving environment. Nothing seemed to be too much trouble for the staff either in caring for mom or supporting my sister and I.' Another relative's comments read, 'It gives me great comfort to know that [person's name] is being so well looked after. The kindness and support from all the team has been overwhelming.'

Speaking about staff, a professional told us they found the staff were caring, hardworking and attentive to the needs of people who lived at the home. Another said, "When I see them with their residents, they are treated like family and when they talk about individuals, they talk with the same concerns and care they would have for their own family."

People consistently told us their home was made warm and cosy by staff who had put a lot of thought into creating as homely an atmosphere as possible. For example, one person pointed to the different patterned china teacups which they said people enjoyed using. At the time of our inspection staff were talking about the planning for Christmas. A staff member told us they were going to buy some materials out of their own monies because they wanted to as they had an idea of making decorations, such as paper chains with people who lived at the home to, "Create talking points about residents memories" of their Christmas' of years gone by.

The registered manager told us in the PIR, 'We worked together on an ethos for the home which all members of the team have in mind to achieve when supporting individuals, this is based on the name of the home Striving, Together, Joyfully, Offering, Holistic, Nursing, Satisfaction. We saw and heard many examples which showed staff reflected this ethos in their caring roles. For example, one staff member who was part of the team who kept the home environment clean spoke about how they were accompanying a person to the local shops on their day off work because they wanted to. The staff member was modest about the care and support they offered to the person and said this was a, "Small thing" but knew how the person really enjoyed going to the shops. Another staff member told us how they were going to support a person to travel on the bus for the first time with their new equipment on a Saturday, they had off work. The staff member spoke about the person with respect and how with support their confidence and independence could be assisted to develop and grow. A further staff member spoke about how all the staff team supported people when at work to go on outings, such as to the garden centre and park.

We found evidence of the registered manager's commitment to providing people with as much choice and control over their lives as possible. For example, the monthly tea/coffee mornings which had been established to provide people with a dedicated time for staff to talk about different topics linked to their champion roles, such as the prevention of falls. A person told us how they found these talks, "Very interesting" and had been able to relate to some of the topic areas which had helped them to further learn

about their own needs. Another example, was the importance of people being supported to follow their own rituals and lifestyle choices. We saw people were able to continue to smoke if this was their choice. Staff also provided examples of where people were able to express their own sexuality in the privacy of their own personal room.

Staff listened to people's interests and wishes and supported people to achieve their goals. Staff had supported a person despite them requiring equipment due to their health and physical needs to go to watch a sport which they had not been able to go to for some years. When we spoke with the person they told us how it was only due to staff's efforts they were able to relive a pastime they had very much enjoyed taking part in. The person's facial expressions showed how much this experience had meant to them and their delight in having their photograph publicised on the programme. The person told us it had been a, "Very special time" and it brought back many memories for them including the sight of a tree which they had climbed. The person said they would be going again as staff were already planning this for them.

People who lived at the home showed they really knew the staff who supported them and staff knew them. Staff had forged strong relationships with people which had been built up over time and was helped by the consistency of a stable staff team, who we saw had a good rapport with people. We saw staff took the time to get to know what was important to people and what made them feel comfortable and secure. Staff knew when people felt secure and when they were becoming anxious so needed some support. One example shared with us by a staff member was how a person who enjoyed having a soak in the bath was supported to be able to do this because of staff's 'can do' attitude. Staff had developed a way of doing this despite equipment being needed so the person felt comfortable. A staff member said, "We've got to know 'little things' about each person. These things are important and make all the difference to how people feel."

Staff were able to anticipate if an experience was starting to overwhelm a person and responded to them so the person was able to feel secure again. For example, one person became a little tearful following a quiz which had taken place. A staff member provided reassurance and made sure the person had company during their evening meal to help them feel better. We saw the staff's practices had made a difference to the person's wellbeing as they chatted to the other person at the dining table and looked visually happier. Another example was described to us by relatives who told us how staff had supported their family member with their feelings of anxiety since they had moved into the home. The relatives said this had lessened their feelings of anxiety too in the knowledge their family member was supported by staff with nurturing and caring attitudes.

People who lived at the home and relatives said staff were exceptionally good at communicating in a sensitive, respectful and caring way. People were involved in the planning of their own care. One person told us their assessment was, "All about me", and they felt staff had, "Asked the right questions and listened to what I wanted". Another person told us staff always gave them time to understand and to ask questions either at the time of any discussion or later, without 'feeling a nuisance'. A further person told us how staff had helped them to understand their health needs in, "Simple terms without being patronising." This had included people's decisions in relation to their funeral arrangements, losing capacity or whether they wished to be resuscitated if their heart stopped beating. A relative also said they had been provided with information which had helped them to gain an understanding about mental capacity and what this meant for them as a relative and for their family member. They added the registered manager and staff made sure conversations they had with them were private and confidential and ensured their privacy was assured.

Staff were professional in their behaviour at all times and knew when it was appropriate to share banter and laughter with people. They treated people with dignity and respect and ensured people's privacy. Staff



made sure any personal care was carried out in private and checked they could enter rooms before they went in. A person told us, "The staff make me feel I matter to them as a person." A relative said, "The staff care about us as families as well as [person's name]. They couldn't be more helpful and caring. Everything they do is for the people who live here, what more could we ask." A staff member said, "Absolutely love it here. I love supporting the residents and to see them smile makes it all worthwhile."

The registered manager was aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely and computer documents were password protected when necessary. The registered manager and staff conducted the daily meetings where people's care and treatment needs were discussed in private to make sure people's rights to confidentiality were maintained. The registered manager was aware of local advocacy services and would not hesitate to use these services to make sure people had opportunities to voice their views if they wished. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

We saw written comments from relatives expressing how appreciative they had been of the end of life care and support their family member had received. One relative's comment read, 'The end of life care she received could not have been better - on a par with what we have seen in a hospice. The support I and my family received was equally good.' Another relative commented, 'You all helped me and the family so much with your comforting words and many 'hugs' and I know we couldn't have got through it without you.'

There was a strong commitment with the management and staff team to provide compassionate and supportive care to people and their families before, during and after death. For example, a room had been especially made available and redecorated should relatives wish to stay at the home to be near their family member at this important time in their lives. We heard from the registered manager and staff how relatives had recently used the room. A staff member said by having this dedicated room it had made a difference to relatives who did not live close by and had taken the added worry of trying to find somewhere locally to stay.

Another example was the additional learning staff had been provided about end of life care and the champion's roles in helping staff to expand their knowledge. Another staff member described to us how they had been one of the staff 'on call' at the request of relatives who wanted them to provide the after death care to their family member. The staff member spoke passionately about how they could contribute to people experiencing a 'good death.' They gave us examples of how staff reflected what they had learnt into practice when people were nearing the end of their lives. This included the practical things, such as supporting people to keep their lips moist, but also the importance of supporting people emotionally, such as holding a person's hand and playing music the person enjoyed. We heard about one example where a person liked the seaside had wanted to hear the sound of the sea and staff made this possible by obtaining a piece of sea music which was played for the person. We also heard how the people's life histories were continually developed including memories people had made whilst living at the home so these could be given to people's relatives after their death as 'keepsakes.'

We saw the memory tree which held people's memories of people who had died. A person told us every year there is a remembrance service at the home where people and families were invited to attend to share their memories of the person who has died. The person told us balloons were also a feature of this occasion and it was quite emotional seeing them, "Flying up into the sky."

## Is the service responsive?

### Our findings

The registered manager and staff team shared flexible and exceptionally responsive approaches in order to meet people's individual needs in the way they wanted. We heard examples of how staff had been encouraged by the registered manager to have a 'can do' attitude when responding to people's needs. People who lived at the home and relatives we spoke with highly praised the ideas which had been developed to meet people's diverse needs. One person described to us how through the drive and enthusiasm of staff they had been supported to go on a trip to the seaside despite having health and physical needs. The person said, "The day was great, I would never have imagined staff would have been able to pull this off and make it happen for us all but they did. How lucky we are to live here." We saw photographs of the day and heard stories from both people who lived at the home and staff of their enjoyment. A person described how they ate ice cream by the sea which the person told us was a, "Fabulous experience" and one they did not think they would get to do.

Before people moved to live at the home their individual needs were considered to make sure these could be met. We saw care plans had been developed to provide information about people's individual needs and how staff should respond to these. Staff we spoke with told us the care plans were personalised, particularly informative, easy to read and showed how people had been involved in and agreed to their care. A relative told us how staff had used the information they had gained to respond to their family member's needs. For example, staff had supported the person to join in a recreational activity which was linked to the person's interest they had enjoyed in their life which had helped the person to feel less withdrawn.

People were encouraged to personalise their own person rooms with photographs and other souvenirs and things they cherished. Staff we spoke with told us people were encouraged to bring in familiar items to help them feel at home. We saw how this ethos had been appreciated by people we spoke with and invited us into their rooms. One person was proud of their valued souvenirs which they had been awarded for their achievements. We saw they joked with staff about the cleaning of these. Another person shared with us their memories when pointing to their photographs on display which they said, "Help me feel at home and jog my memory." For other people their room was a place to go to spend time on their computers which a person told us they enjoyed doing.

There were many ideas which the registered manager and staff had turned into reality to support people in meeting their wellbeing needs. The management and staff team spoke with people about what they wanted to do for enjoyment and interest. The information gained from people was used to create opportunities to support people in experiencing their chosen ways of doing things which were of interest to them. One example was the volunteers who came into the home from a well-known charitable organisation to befriend people living there and share companionship. Staff told us this worked extremely well and provided people with new friends to talk with. Another example was the students from the local school who visited people each week to support people with fun and interesting things to do. We saw there was a great deal of laughter throughout the quiz and staff were careful to make sure no-one was excluded, including those who had very limited capacity to participate independently. One person told us, "It is all good fun and we all get on well together."

Another person said, "There is always something going on and being planned, it is all good fun." We found this was the case as staff were supporting people at the time of our inspection with plans to make a Christmas cake which people would decorate and would be entered into a competition with the provider's other homes. Additionally, plans were underway to support people to go ice skating whatever their abilities and physical needs. The registered manager and staff talked about people who needed wheelchairs were also being supported to go ice skating. This showed every person's needs were responded to so they were not disadvantaged from participating in opportunities to experience fun times. We consistently heard from staff they wanted to support people to have the best lives as possible.

The registered manager also arranged for 'Pets As Therapy' to visit so people could spend time with behaviourally assessed animals brought in by volunteers. A person told us, "I do enjoy seeing Maisie. You should go and have a stroke as she is so friendly, she is has become part of our family here." A relative also shared with us how they had witnessed the dog had become a familiar feature at the home which they believed benefitted people's wellbeing and they saw the dog brought joy to people.

We saw there were a variety of social and leisure activities, including music, painting, board games, gentle exercises, gardening and relaxation which were led by three dedicated staff members. However, we saw all staff contributed to supporting people with fun and interesting things which took place both on a spontaneous and planned basis. A staff member told us about a new venture people and staff were participating in. This was a specific programme of physical activities which promoted people's wellbeing, reduce falls and help people to keep as active as possible. This had proved to be successful in involving people in keeping as active as they could to strive to enhance not only people's physical abilities but their wellbeing.

The registered manager and staff team had been creative in developing and establishing an idea where people could expand their knowledge about different topics by attending regular talks facilitated by staff. For example, people learning about different health conditions which included any equipment and/or aids which could be useful for people to be aware of in responding to their needs. A person who lived at the home told us these were, "Good" and helped them to gain an insight into different illnesses. We saw people from outside of the home could also attend these talks and staff told us they had proved to be successful. A staff member described to us how a person who had attended a talk was provided with information about equipment and how the person's needs could be assessed by an occupational therapist.

There was a strong emphasis being placed on the continual development of the home environment to create interest and talking points for people. For example, the creation of a pub where people told us they met with each other and/or their relatives for a drink and to participate in traditional games, such as darts or dominoes. A person enthusiastically told us, "I played darts in the pub, it was a great laugh." Another person said, "We have fish and chips straight out of the paper, it always tastes much better."

We saw people who lived at the home and relatives had a kitchenette area to make drinks and snacks which was shared by staff. A relative told us, "Such a good idea as I would have gone into the kitchen when [person's name] was at home to make drinks, it is a little touch but very homely, makes all the difference." Additionally a 'pamper' room had been designed so people could experience different relaxation therapies. We saw people had been involved in the creation of this room as one person had worked on a piece of furniture. They told us about this with pride and how it gave them a sense of purpose and achievement.

A staff member showed us a sample of people's electronic records and the tool which staff found particular useful in supporting and monitoring people's psychological, emotional and behavioural needs. Staff used these when referring people for support with their mental and emotional health to community

professionals. Another staff member described how they always looked at how people's behavioural and emotional needs could be met. One example was how one person enjoyed a bath and staff found this supported the person to feel relaxed and another person liked to lay tables for meals which enhanced their wellbeing.

Staff we spoke with were knowledgeable about people's individual needs and provided us with examples of how through the care and support provided by staff people's needs were effectively responded to. One example shared with us was how a person's specific needs had been responded to by staff assisting the person to drink thickened fluids from a spoon and how with staff perseverance the person was now successfully drinking. Staff also showed us they knew people's individual needs, such as one person liked to wear rouge every day and another person did not like to wear any clothes from their waist down and staff responded to the person's unique needs.

We saw staff kept daily records of the care they provided and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and verbally shared information between the staff team, such as, at handover meetings. The registered manager was present at the handover meeting and told us she sat in on these meetings whenever she was in the home. Staff showed a detailed knowledge about the health and emotional needs of people who lived at the home and ensured any issues were followed up promptly when people's needs changed. For example, the need for the GP to review a person's health needs. In addition to this staff recognised a person required encouragement to drink more to make sure they remained well.

There was a well-established newsletter which was very detailed and people we spoke with consistently said they found it a, "Good read." We saw there were articles about forthcoming events and what people had been consulted about and agreed. For example, the trial which had started in the change of the main meal of the day from lunchtime to evening as research had showed people would be more settled having their main meal in the evening. All people we spoke with were aware of the change and were fully committed to seeing how this worked for them.

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. A person told us, "I can talk about anything which is worrying me or if I have a complaint, with the staff and [registered manager's name]. I have never had to but I would if I needed to as they all are so approachable." A relative said, "If I have any worries, I can talk to anyone here. I know they'll call me straightaway if there were any problems."

In the PIR the registered manager informed us, 'Comments, concerns, compliments and complaints forms are available in reception together with a copy of the complaints procedure which was distributed to all residents which is also in the resident's handbook.' We saw and heard from people we spoke with which provided evidence of what the registered manager had told us happened in regards to complaints. Additionally, people told us the registered manager was regularly visible within the home supporting staff and encouraged people to talk to her directly about any worries or problems. We saw the registered manager used complaints as an opportunity to learn and make improvements. For example, when a delay occurred in a staff member's response to a person during a medicine round. The staff member identified they could have provided reassurance sooner and learning was taken from this to assist in making sure the risks of this happening again were reduced.

## Is the service well-led?

### Our findings

Throughout our inspection we saw there was an open and welcoming atmosphere in the home. People told us how highly they thought of the home and the registered manager and deputy manager. One person told us, "It's a smashing place – so well run." Another person said, "It is very well managed, [registered manager's name] runs a tight ship and the staff all seem to want to do their best for all of us. I would highly recommend living here." A further person told us, "I could not think of a better place to be." One relative told us, "Outstanding place, care, staff and management." Another relative's comments read, 'It seemed a happy home with truly caring staff who also showed great competence. Rooms are bright and pleasant. Families are encouraged to engage with staff and, where appropriate, the manager.' A further relative commented, "I believe the home provides an environment of positivity and an outstanding level of service to both residents and family members."

The registered manager conducted satisfaction surveys to give people and their relatives an opportunity to provide feedback on the service they received. People had a chance to complete an annual survey. We saw a range of positive comments from people and their relatives. One person had written, 'St Johns has a very warm, happy atmosphere I think it is wonderful.' Another person had written, '[person's name] is always telling us that he is in the best hotel in town and couldn't wish for anywhere better.' The registered manager told us they reviewed all the comments received and if there were any changes and/or improvements needed to be made these would be focused upon.

The registered manager held regular meetings for people, their relatives and friends which gave a further opportunity to discuss any concerns or suggestions. One person told us, "We have our say and are asked for our views about any changes or anything which we feel would be good to try. We are seeing if the meals are better in the evenings for us at the moment." We saw the registered manager had used the meeting to engage with people on their preferences for meals and leisure activities.

We found there was a clear management structure with good organisation of the staff team who understood their specific roles and responsibilities. All the staff we spoke with had a very caring approach and were highly motivated to provide a high quality care and support to people who lived at the home and their relatives. The vision and values of staff put people who lived at the home and their relatives at the heart of the service. We saw staff always tried to accommodate their needs, for example supporting people to enjoy their lives by overcoming any obstacles so people's needs were met effectively and responsively. Staff also knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the company, which could not be addressed internally.

The registered manager was supported by the deputy manager and we saw they had a good working relationship with each other and were clearly well known to people who lived at the home, relatives and staff. We saw the registered manager and deputy manager were visible and available to people who lived at the home, relatives and staff during the day which enabled them to oversee the delivery of care and treatment. One person said, "[Registered manager and deputy manager's names] are good and approachable and will try and sort something out if there are any problems." One staff member told us, "I

have a very good relationship with [Registered manager's name] and feel listened to. Her door is always open and I am never afraid to go in. She's brilliant." Another staff member said, "[Registered manager's name] had faith in me and saw my potential and helped me to fulfil it. It is all about the residents here which is how it should be."

Staff said they felt valued because the registered manager and deputy manager involved them in all aspects of the service. They told us what they said mattered; they were listened to and encouraged to suggest new ideas. During the inspection we could see that staff took as much ownership of the service provided as the registered manager. Staff were excited by people's achievements and were proud of their contribution to enable these to happen. The management team had understood it was important to keep their staff team motivated and there were arrangements in place for staff to nominate each other for staff member of the month. The registered manager commented about this arrangement in the PIR, 'We have a monthly Employee of the Month where colleagues vote for each other with a reason why, this is also open to residents and visitors to vote. The person who is nominated receives a small gift and a certificate and is also included in the monthly newsletter with a picture which goes out to all residents.'

There was a strong emphasis on continually striving to improve. There were strong systems in place to review the quality of care and monitor service delivery. We saw this included innovative and creative ways to enable people to be empowered and voice their opinions. The use of staff champion roles helped to shape people's care and support as staff shared learning between themselves and people who lived at the home and relatives to expand their knowledge. The registered manager also used the 'resident of the day' arrangements as a further way of monitoring the care and support people received to see if it was meeting their expectations.

The provider's representatives visited the home as described by the registered manager in the PIR, 'The Quality Compliance Manager makes monthly visits to assess compliance within the home, a report is generated and an action plan then put together which relevant members of the team work on to ensure compliance and best practice within the home.' We also saw the registered manager used this feedback alongside their own comprehensive system of audits in place to monitor the quality of the care provided, which were consistently effective. For example, a regular audit of care plans was conducted which identified the gaps in monitoring and data recording. We also saw the audit of incidents and accidents had brought about improvements for people in how their individual needs could be met better. For instance, noticing a person would benefit from a larger call alarm, more sensitive to touch and could be put under the person's mattress.

The registered manager told us how they kept up their own practice and was currently researching alongside their staff team best practices into dementia care. They also used the National Institute for Health and Care Excellence [NICE] guidelines as one way to improve care practices further. NICE provides guidance and advice to help in driving up quality of care standards in health and social care. The registered manager took relevant information from research articles to continually drive through improvements to support people's experiences and lives. One example was the changes in when people had their main meal of the day as research had showed people would be more settled having their main meal in the evening. Although the changes had only been implemented for a short time a staff member reported for one person it had already had a positive impact on their wellbeing as their appetite had improved. Another example was how the registered manager had used their detailed knowledge about the Mental Capacity Act and Deprivation of Liberty [DoL] to actively assist people's understanding about what this law meant for them. A relative told us how the registered manager had made them, "Feel more at ease" and more knowledgeable about the DoL. This was because they were initially concerned about what the DoL meant for their family member due to the words used.



We found the registered manager had a sustained track record of delivering high standards of care and managing improvements. For example, we received very positive feedback from external professionals and we consistently heard from relatives how they would highly recommend the home to others based upon the excellent standards of care provided.

Additionally, we saw the registered manager and deputy manager's enthusiasm in supporting people to have the best lives as they possibly could had been infectious and the driving source behind staff developing ideas and networks. One example was the development of the garden areas where people who lived at the home worked alongside, family members and students. People we spoke with were proud of their achievements and how they had played a part in creating their own garden. Another example was the links which had been developed with the local football team which one person told us had supported them to experience a football match which they thought would never have been possible to do again in their lifetime.

We saw the registered manager and deputy manager led by example to make sure continual improvements were made to meet people's individual needs. One example was the building of shelving, as a way of meeting one person's unique needs. Another example was making sure a person's needs were met and they had the reassurance they required, by focusing upon the sound of the call alarm system in order to meet the person's needs.

The registered manager and deputy manager worked as a team and had a clear vision for the future of the service. They told us they were continually striving for a person led environment and supporting people to live their lives as they choose. They were passionate about progressing with the ideas they had to meet the needs of people with dementia. For example, the focus upon continually improving the home environment to ensure it was both visually interesting and fun. Staff we spoke with shared the management team's passion for making sure people were at the heart of all continual improvements at the home. A relative told us how their family member had complimented the staff team's abilities so they were able to take a bath in comfort by saying, "I can lie there and wiggle my toes" which meant a lot to them.